

# Opticomp Corporation

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status. **PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH ADVERTISED VACANCY!**

Position Applied For: _____	Date of Application: _____
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Name \_\_\_\_\_  

LAST
FIRST
MIDDLE

Address \_\_\_\_\_  

STREET
CITY
STATE
ZIP CODE

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

May we contact you at work?     Yes    No    If yes, your work number is: ( \_\_\_\_\_ ) \_\_\_\_\_

Have you ever been convicted of a felony in the last seven (7) years?  Yes    No  
(Such a conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in this country?     Yes    No  
(Proof of US citizenship or immigration status will be required upon employment.)

How did you hear about us? \_\_\_\_\_

**Date available for work:** \_\_\_\_\_ **Type of employment desired?**     Full-time    Part-time    Temporary

Have you ever been discharged from employment?    Yes    No

If yes, please explain: \_\_\_\_\_

Lowest rate of pay you will accept? \_\_\_\_\_ Per \_\_\_\_\_

### Educational Background

**A.** Please list the schools you attended. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major and Minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major Minor
High School				
College or University				
Graduate School Masters				
Ph.D				

Please list professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

Please list your special accomplishments, publications, and awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) Use additional sheet if needed.

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Please list any additional information you would like us to consider.

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**Computer Literate:**     Yes    No    Computer Software(s) \_\_\_\_\_

**Can you type?**    Yes    No    WPM (AFE) \_\_\_\_\_

## References

Please list the name and telephone number of three (3) business/work references who are *not related to you* and are *not previous supervisors*. If not applicable, list (3) school or personal references that are not related to you.

Name	Telephone	Years Known
	(     ) -     -     -	
	(     ) -     -     -	
	(     ) -     -     -	

## Employment History

\*REFERRAL TO RESUMES OR OTHER SUBMITTED DOCUMENTS UNDER EMPLOYMENT HISTORY IS NOT ACCEPTABLE. RESUMES MAY BE SUBMITTED AS ADDITIONAL INFORMATION ONLY.

List your last four (4) employers, your assignments or your volunteer activities, starting with the most recent employers, including military experience (if applicable). Please explain any gaps in employment in the comments section at the bottom of this page.

Employer	Telephone (     )	Dates Employed	Summarize briefly the nature of the work you performed and job responsibilities.
Address		From     Yr.     To     Yr.	
Job Title		Hourly Rate/Salary	
Immediate Supervisor and Title		Starting	
Reason for leaving		Final	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$     Per	
Employer	Telephone (     )	Dates Employed	Summarize briefly the nature of the work you performed and job responsibilities.
Address		From     Yr.     To     Yr.	
Job Title		Hourly Rate/Salary	
		Starting	

Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	
Employer Telephone ( )	Dates Employed		Summarize briefly the nature of the work you performed and job responsibilities.
	From	To	
Address	Mo. Yr.	Mo. Yr.	
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	
Employer Telephone ( )	Dates Employed		Summarize briefly the nature of the work you performed and job responsibilities.
	From	To	
Address	Mo. Yr.	Mo. Yr.	
Job Title	Hourly Rate/Salary		
	Starting		
Immediate Supervisor and Title	\$	Per	
Reason for leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Per	

Comments (including any gaps in employment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Skills and qualifications: Please summarize your special skills and qualifications acquired from employment, military service or other experiences that may qualify you to work for Opticomp Corporation

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of applicant

Date

## **Applicant's Authority to Release Information:**

Having made application for a position with Opticomp Corporation, I wish them to be informed as to my previous record and character, to help in determining my qualifications and suitability for the position.

For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Opticomp Corporation, upon presentation of this waiver, or a photocopy of this waiver, whether in person, or by mail, fax or other method of conveyance.

This release is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this release is considered as valid as an original of my signature.

Examples of types or information I am requesting that you provide include, but are not limited:

Dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reasons for leaving, medical history and records, education history and records and any other such information you may have concerning my employment history, medical history and educational history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such record, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, military organization, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including all officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name (Print): \_\_\_\_\_

Address (Print): \_\_\_\_\_

Telephone Number (Include area code): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_